City of Richardson
CORPLAN BENEFIT SCHEDULE
January 1, 2004

GREAT-WEST HEALTHCARE

Great-West Healthcare is CORPlan's preferred provider network (PPO). To access the Great-West providers and facilities via the Internet, go to **greatwesthealthcare.com**.

EMPLOYEE ASSISTANCE PROGRAM (MENTAL/NERVOUS & ALCHOHOL ABUSE

Neighborhood Youth & Family Counseling (NYFC) is the city's Employee Assistance Program (EAP). Counseling is available for all covered dependents through NYFC. The initial visit is covered at 100%. Covered individuals will pay $20 per visit for on-going treatment and $5.00 per visit for group therapy treatment.

MEDICAL/PSYCH/ALCOHOL/DRUG PRE-CERTIFICATION

To obtain benefit certification for inpatient and outpatient hospital admissions, you or your physician must notify Great-West prior to each hospital admission. If the hospital stay is not certified by Great-West as being medically necessary, a $500 penalty will be deducted from any benefits that are determined to be payable. You or your doctor can call Great-West at 1-877-663-8081. It is your responsibility to make sure that hospital admissions are pre-certified.

OUT OF POCKET MAXIMUM

$5,000 per person and $10,000 per family for Network expenses; $10,000 per person and $20,000 per family for non-Network expenses. This includes the $350 and $700 calendar year cash deductible.

IMMUNIZATIONS FOR DEPENDENT CHILDREN

State mandated immunizations are covered under CORPlan for covered children 6 years old or younger. Immunizations for children 7 – 18 years old will be available through the City's Health department by calling (972) 744-4076 or (972) 744-4084 for an appointment. This benefit is not available to adults or adult children.

	DENTAL	
TYPE OF SERVICE	**YOU PAY**	**CORPLAN PAYS U & C CHARGES**
PREVENTIVE SERVICES (TWICE PER CALENDAR YEAR)		
Oral exams, cleaning, bitewing x-rays	-0-	100%*
GENERAL SERVICES		
X-rays (full mouth every 3 years) fillings, extractions, root canal, etc.	15% after $25 deductible	85%*
PROSTHETIC SERVICES		
Crowns, fixed bridges, bridge work, dentures	50% after $25 deductible	50%
ORTHODONTIA ($1000 max. is separate from dental max.)		
Covered for Dependent children only	50% after $50 one time deductible	50%
***Note: $1000 TOTAL annual maximum benefit for above-not each.**		

This is not the full plan document, but a guideline. See the CORPlan booklet for full details.

HOW TO FILE INSURANCE CLAIMS

- Only one claim form is needed per person per year.
- Claim forms are available in the City of Richardson Human Resources Office and may also be obtained by accessing the Internet at www.cor.net or the City of Richardson Intranet at www.cor.gov.
- See your CORPlan insurance card for the address for submitting claim forms and phone numbers for pre-certification of hospital admissions and verification of eligibility/benefits.

PRESCRIPTION DRUG NETWORK (EHS)

NETWORK PHARMACIES

In order for prescriptions to be covered, the prescription must be purchased from a Network pharmacy. A list of Network pharmacies and information on your prescription plan will be included in your insurance packet, which will be mailed to your work location. To access the list of pharmacies you may also access the EHS website at ehs.com.

DEDUCTIBLE: $100 per person per calendar year deductible applies to prescriptions obtained by mail order and retail.

RETAIL:

- Present your Prescription Card at any Network Pharmacy.
- Supply Pharmacy with the birth date of the person for whom the RX is prescribed (to track individual deductibles).
- Payment: Satisfy a $100 prescription deductible. See copays below.

MAIL ORDER:

- Obtain 90 day prescription from doctor.
- Mail completed mail order form to Express Pharmacy Services.
- Payment: Satisfy a $100 prescription deductible. See copays below.

TYPE	RETAIL	MAIL ORDER
GENERIC COPAY	$15	$30
BRAND COPAY (Generic is not available.)	$30	$60
BRAND COPAY (Generic is available.)	$50	$100
SUPPLY	30 Day	90 Day

MEDICAL – NETWORK PLAN

PHYSICIAN	YOU PAY	DEDUCTIBLE	OPM	CORPLAN PAYS (U&C)
Office Visits – Primary Care Physician (includes family practitioners, internists, pediatricians, OB/Gyns & Minor Emergency Centers.)				
° for 1st 4 visits of calendar yr. – no deductible *	$30 per visit	0	No	100% of remaining charges until OPM is met
° beginning with 5th visit of calendar yr., deductible applies*	20% of charges	$350.00 per calendar yr	Yes	80% of remaining charges until OPM is met
Office Visits - **Specialists**				
° for 1st 4 visits of calendar yr. – no deductible *	$50 per visit	0	No	
° (beginning with 5th visit of calendar yr., deductible applies*	20% of charges	$350.00 per calendar yr	No	80% of remaining charges until OPM is met
Surgical & Other Medical	20% of charges	$350.00 per calendar yr	Yes	80% of remaining charges until OPM is met

*** Effective 1-1-04**, implement the following change: the first four (4) network office visits per covered person will be covered under the above mentioned co-pays; **after 4 visits per covered person per year, each individual will have to meet the annual deductible before subsequent network office visits are paid at 80% (individual pays 20%).** The first four (4) office visits may include those for illness/injury and those associated with childhood immunizations, annual PAP smears, and annual PSA tests. (The charges for the immunizations, PAP smears, and PSA tests themselves are still covered at 100%, but the associated office visit is no longer covered at 100%.)

HOSPITAL	YOU PAY	DEDUCTIBLE	OPM	CORPLAN PAYS (U&C)
Inpatient/Day Treatment	10% of charges	0	Yes	90% of remaining charges within U&C
Outpatient	$100/day	0	Yes	100% of remaining charges within U&C
Emergency Room	$100/day	0	Yes	100% of remaining charges within U&C

MENTAL & NERVOUS	YOU PAY	DEDUCTIBLE	OPM	CORPLAN PAYS (U&C)
Inpatient Hospital & Day Treatment	20% of charges	$350.00 per calendar yr.	Yes	80%
Outpatient Hosp./Office/Inpatient Doctor Visit	50% of charges	$350.00 per calendar yr.	Yes	50%

MEDICAL – NON NETWORK PLAN

PHYSICIAN	YOU PAY	DEDUCTIBLE	OPM	CORPLAN PAYS (U&C)
Office Visits	30% of charges	$700 per calendar yr.	Yes	70% U&C until OPM met
Minor Emergency	30% of charges	$700 per calendar yr.	Yes	70% U&C until OPM met
Surgical and other Medical	30% of charges	$700 per calendar yr.	Yes	70% U&C until OPM met

HOSPITAL	YOU PAY	DEDUCTIBLE	OPM	CORPLAN PAYS (U&C)
Inpatient/Day Treatment	40% of charges	0	Yes	60% U&C until OPM met
Outpatient	$100/day + 30%	0	Yes	70% U&C until OPM met
Emergency Room	$100/day + 30%	0	Yes	70% U&C until OPM met

MENTAL & NERVOUS	YOU PAY	DEDUCTIBLE	OPM	CORPLAN PAYS (U&C)
Inpatient Hospital & Day Treatment	+ 50% of charges	$700 deductible	No	70% U&C until OPM met
Outpatient Hospital and/or Doctor Office/Hosp. Visit	+ 50% of charges	$700 deductible	No	50% (max of $10/visits)

DEFINITIONS: OPM – Out of Pocket Maximum.
U & C – Usual and Customary Services

LIFETIME MAXIMUM BENEFIT: $1,000,000.00

DEDUCTIBLE: Deductibles are per person, per calendar year. Each dollar of ded. and out-of-pocket will apply to Network and Non-Network amounts until Network deductible and out-of pocket maximum is met. All remaining Network expenses would be paid at 100%. All additional Non-Network expenses would apply to the balance of the Non-Network deductible and out-of-pocket.